

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL THOROUGHBRED RACING ASSOCIATION POLITICAL ACTION COMMITTEE/HORSE PAC

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Re-designate from Primary to General

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB28B.6697

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Re-designate from Primary to General

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB28B.6698

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	6

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul Street

City Kennington State MD Zip Code 20895

Purpose of Disbursement
Re-direct from Primary to General

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: SB28B.6568

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	0	6

Amount of Each Disbursement this Period

-1000.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)